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PTO/SR/21 (00-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/787,247
	Filing Date	02/27/2004
	First Named Inventor	BAYERL, Johann
	Art Unit	3748
	Examiner Name	RITCHER, Sheldon J.
	Attorney Docket Number	1057399 (200300197US5)
Total Number of Pages in This Submission		8

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Credit Card Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Osler, Hoskin & Hamout LLP	
Signature		
Printed name	Jonathan D. Cutler	
Date	Feb. 6, 2006	Reg No 40,576

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below		
Signature		
Typed or printed name	ANGELE GAREALI	Date Feb. 6, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

450

**Complete if Known**

Application Number	10/787,247
Filing Date	02/27/2004
First Named Inventor	BAYERL, Johann
Examiner Name	RITCHER, Sheldon J.
Art Unit	3748
Attorney Docket No.	1057999 (200300197US5)

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number 502977 Deposit Account Name: Osler, Hoskin & Harcourt

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
Extra Claims	Fee (\$)	Fee Paid (\$)
HP = 20 or HP =		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>		
Extra Claims	Fee (\$)	Fee Paid (\$)
HP = 3 or HP =		
HP = highest number of independent claims paid for, if greater than 3		

HP = highest number of total claims paid for, if greater than 20	Fee (\$)	Fee Paid (\$)
Indep. Claims	Fee (\$)	Fee Paid (\$)
HP = 3 or HP =		
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Ext. 2 months (\$450)

450

**SUBMITTED BY**

Signature	<i>Jonathan B. Cutler</i>	Registration No. (Attorney/Agent)	40,576	Telephone	514-904-5624
Name (Print/Type)	Jonathan B. Cutler	Date	Feb. 6, 2006		

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